

PLACE OF BIRTH

1. County of Sala

District of _____

Town of _____

or _____

City of Winkelman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 199

County Registrar No. _____

Local Registrar No. _____

St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child John Roberts Burck3. Sex of Child Male To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

6. Legitimate? Yes7. Date of birth Nov 29 1925

Month day year

5. No., in order of birth _____

5. FATHER

Full name John Burt9. Residence Winkelman

(Usual place of abode)

If nonresident, give place and state

14. MOTHER

Full maiden name Josie Berman15. Residence Winkelman

(Usual place of abode)

If nonresident, give place and state

10. Color or race White11. Age at last birthday 28 (Years)16. Color or race White17. Age at last birthday 23 (Years)12. Birthplace (city or place) Yuma(State or country) Arizona18. Birthplace (city or place) Memphis

(State or country)

13. Occupation Mail Man

Nature of industry

19. Occupation House Wife

Nature of industry

20. Number of children of this mother (a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated.

(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from _____

supplemental report _____

Month, day, year.

Filed Dec 10 1925

Local Registrar.

Registrar.

County Registrar.

123-1129-175

N. 2. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

IS A PERMANENT RECORD

SEPARATE RETURN